PRESIDENTIAL ADDRESS

TO THE

Bath Pathological Society,

NOVEMBER, 1885,

BY

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PREFACE.

By many it may possibly be considered somewhat late in the day to publish an Address delivered so long ago as the autumn of 1885, but as I then ventured for the first time publicly to express my views as to the causation of what I considered certain reflected nerve symptoms I had frequently met with in association with diseases of the rectum and uterus, and as these views have been in the interim considerably strengthened by a careful examination of subsequent Cases, I have preferred to publish them with the Address *in extenso*, as a matter of personal sentiment, in consideration of the position I then occupied as President of the Bath Pathological Society.

I have to thank Mr. Terry, Mr. Lowe, and Dr. Weatherly for brief histories of Cases that speak forcibly as to the large area over which reflected nerve forces may act. Coming from independent sources of observation they materially strengthen my argument as to the causation of these reflected neuroses.

S. C.

1, *Green Park, Bath,*
June, 1888.

ADDRESS.

GENTLEMEN,—

Since last we met another Medical year has run its allotted span, and joined its predecessors in the long roll which may be summed up in one word—the Past. Another, too, has taken its place, destined to perform also its part in the endless series and ever-recurring circles of time. So far as we are concerned, each revolution of time is rendered more or less remarkable by the discoveries of those of our brethren who are endeavouring to unfold the penetralia that surround the mysteries of Life.

I believe it was Bichat who said that Life represented the sum total of the functions of the body; it is, however, sufficient for us to know that any deflection from the perfect harmonious working of those various functions in the complex machine of our organism constitutes disease, and has a tendency to run on to death. The discoveries of the past, as they have been made in the various units of time, have built up our profession to its present elevated position, each generation having profited by the generations of the past. It is our duty, each one in his own individual sphere, to endeavour to add to the perfection—if such ever can be attained—of our profession We know full well that our present knowledge has been gained by men instinctively impelled by an ardent desire to investigate Nature, and all those causes that upset the balance of what constitutes perfect health. But all of us can do something, if only by observation. We may not have the genius of Aristotle, but the careful watching of disease faithfully recorded may do much to advance our science. Let me, therefore, urge upon every member of this Society so to direct

his energies, that when this session closes we may all feel we have not met here in vain, and that our meetings have been remarkable for something more than mere social gatherings. Do not, however, imagine for one moment that I attach no importance to social gatherings of the members of our profession ; on the contrary, I attach the greatest importance to them. To me it is a matter of the deepest regret that we hold so much aloof from one another, and do not place that mutual confidence in each other which our position as members of a learned profession imperatively requires. The late Sir Thomas Watson said that, "Medicine has for its end the common good of mankind ; it knows nothing of national enmities, political discord, or sectarian dissensions ; it distributes its favours to men of every creed and religion, and to men of no religion at all ; like Mercy, it blesses him that gives, and him that receives, and is ever rendering to our hearts and understandings the most impressive lessons, the most solemn warnings." If such be the position on which we collectively and individually take our stand, if to the world at large we endeavour to carry out such exalted aspirations, surely towards each other we ought to exhibit feelings of a more brotherly nature than is our wont.

I trust you will pardon these observations, but I do feel strongly that we are apt, perhaps through feelings of jealousy, to place a wrong construction upon the actions of others ; and as I begged of you in my Address last year, so I beg of you now, to let our discussions be of the most friendly character. Far be it from me to dilate upon medical ethics on the present occasion, and may I close these remarks by the quotation—"Do unto others as you would they should do unto you."

Gentlemen, this Society is regarded as a Pathological and Clinical Society, a term exceedingly wide in its significance and meaning. It embraces all that leads up to and characterizes any departure from what is natural, whether the causation be purely local in its character, giving rise to local changes only, or general, acting upon the system generally, and laying its victim low, as it were, at one fell swoop. These changes may

be brought about either by an excess or diminution of the natural structures, as in cases of hypertrophy or atrophy; in the former it may be simply compensatory, in the latter absolutely destructive. Or these changes may be brought about by what is termed a new growth, that is to say, an increase of structure based upon multiplication of embryonic cell structure as in the sarcomata, their type being embryonic connective tissue, or in the carcinomata, which have their type in epithelium and their generalisation in the lymphatic glands. In fine, we may say that any departure from the natural state, in whatever way produced, the system being acted on generally through some *materies morbi* existing in the blood, or by some local causes acting either separately or conjointly on certain parts of the body, constitutes that diseased condition which we discuss under the term Pathology. All these conditions are not necessarily destructive, they may be compensatory, as in enlargement of the left ventricle in cases of aortic obstruction, or they may be reparative as in cases of callus forming in bone after fracture. For the most part these conditions are recognized objectively by the physician or surgeon, and but little aid is afforded by the subjective descriptions of the patients. I regard, however, the subjective symptoms when prominent, and existing co-temporaneously with manifest disease, or even existing as the sole manifestation of obscure disease, as belonging to clinical pathology, and as such I venture to address a few words to you upon certain subjective symptoms that are not appreciated as they should be, in my humble judgment, in connection with diseases of the rectum and uterus.

I refer to certain neurotic symptoms evidently of a reflected character that I have so often witnessed in persons suffering from these diseases. They are not met with in all, but in one way or the other they are very prone to develope themselves more especially in those subjects having a decided neurosis. Do not for a moment imagine that I am endeavouring to teach you anything that you do not already know. Many of you have been connected for years with hospital practice where

these cases are continually cropping up, and I doubt not have noticed, as well as myself, how often reflex nervous phenomena are apt to become developed in persons of a neurotic temperament. With regard, however, to the general body of practitioners, I must say that these nervous phenomena are more frequently ascribed to hysteria than as being the subjective symptoms of a real disease. In the examination of such patients I consider a medical man should not rest satisfied until he has examined every part of the body liable to give rise during a state of disease to these most uncomfortable symptoms. I have often talked to some of the leading surgeons of the day upon this subject, and they agree with me in saying, "They are not recognized and appreciated as they should be." One very eminent surgeon informed me that he had known many patients flit from physician to physician to cure these disturbances, who simply prescribed either some anti-dyspeptic medicine or brain sedative, as the prominent symptoms suggested, and having at last come under his care he almost invariably found some disease of the rectum, or, in the case of women, often some chronic condition of the uterus ; which, when cured, relieved the patient of his, or her, nervous symptoms. In a much smaller way I can readily endorse this surgeon's experience.

These symptoms have a wide range. They may be simply dyspepsia, a sluggish liver, an occasional feeling of faintness, tingling in the arms and legs, quasi-rheumatic pains, neuralgias, local or remote, slowing of the heart's action and giddiness, or as one patient described his head symptoms to me, viz., as if he had an iron band tied tightly round his head. These symptoms may all co-exist, or one alone of them may be present. The mental phenomena range from mere depression of spirits to absolute insanity, and I firmly believe that many persons are admitted into our public and private asylums with rapidly curable insanity originating from unequivocal local disease. I have often conversed with friends of mine connected with lunatic asylums, and they agree in the main with the advocacy I

have urged, that all patients whose history leads to a slow development of a total aberration of intellect should be carefully examined with regard to their rectum, and in the case of women their uterine functions as well; but they also state that in large asylums such a procedure is hardly practicable.

With these remarks I venture to refresh your memories with the anatomy of some parts of the rectum, having reference more particularly to its nervous supply. I will then endeavour to show how, by means of the sympathetic system, the reflex nervous phenomena, which I have above alluded to, are brought about. I do not, of course, flatter myself that you are likely to accept my explanation; I can only say that the symptoms themselves are no phantoms, that I have observed them over and over again, and that after operation they have vanished, and the only explanation of their occurrence that I can arrive at is that they are for the most part produced by the sympathetic acting on the vaso-motor system and producing an increase of arterial tension. I may state that the late Mr. John Hilton, in his celebrated work on "Rest and Pain," was the first to allude to pain in the heel as frequently occurring in persons suffering from painful ulcers of the rectum, and Mr. Bryant, in his work on "Practical Surgery," alludes to dyspeptic symptoms as commonly associated with hœmorrhoids. Dr. Edis, also, in his work on "Diseases of Women," gives a passing allusion to these nerve symptoms as frequently accompanying chronic diseases of the uterus.

The muscular structure of the rectum consists of longitudinal and circular fibres; the longitudinal are not collected into bands but are distributed equally over its surface, whilst the circular fibres, about an inch and a half above the anus, are largely developed and form the internal sphincter muscle. Its arteries are superior, middle and inferior hœmorrhoidal; the superior is derived from the inferior mesenteric and the two latter from the internal pudic; the superior and the middle hœmorrhoidal veins join the inferior mesenteric, the inferior the pudic. The external sphincter is a muscle of chief interest in rectal surgery, for on it are most frequently situated ulcers

and hœmorrhoids. This sphincter muscle is supplied by a branch either from the fourth sacral nerve or by a branch from the pudic nerve. The pudic nerve is connected with the same portion of the cord as the sciatic ; therefore a painful impulse passing up the pudic may create disturbances in the cord, which disturbances may escape beyond their proper bounds, and thus affect the regions belonging to the sciatic and other nerves ; just as those neuralgias dependent upon carious teeth, and extending over the whole region of the fifth nerve, or even to the branches of the cervical plexus, may be caused by a painful impulse ascending a single filament of the nerve. In this way we may account for local neuralgias of the sciatic nerve and its branches.

What is meant by reflex action, and what are the necessaries to produce it? First, a sentient surface connected with an afferent nerve, in turn connected with a central nerve cell or group of nerve cells associated with an efferent nerve or nerves distributed to structures capable of recognizing and being influenced by their inherent power. These reflex phenomena originate in the spinal cord, and the grey matter of the spinal cord is considered as a multitude of reflex centres. Now I believe that the majority of reflex phenomena, associated with certain diseased conditions of the rectum, are caused by the vaso-motor nerves producing a condition of arterial tension. The vaso-motor centre exists in the medulla ; at the same time other parts of the spinal cord are capable of acting as vaso-motor centres, while the fibres of the vascular areas may be considered to be brought into functional relation with the afferent nerves. Now, these vaso-motor nerves have three different actions and may be considered as vaso-dilator, vaso-constrictor, and of a mixed character, giving rise to dilation or constriction according to circumstances. I believe, however, we have to deal chiefly with the vaso-constrictor nerves. It is a fact that the vascular areas of internal parts of the body bear such relation to certain nerves that dilation of the small arteries follows division of their corresponding nerves which are called vaso-motor nerves, and exist

in both the sympathetic and cerebro spinal nerve system, in other words, the natural tone of the artery or arteries is lost. So may their tone be increased by undue constriction, giving rise to increased arterial pressure, either of which conditions may be excited by nervous impulses originating in the central nervous system itself, or set going by afferent nerves passing to the cerebro spinal system from some sentient surface. These facts, established by the physiologist, are, I think, sufficient to justify one in believing that the reflex phenomena so often observed in connection with diseases of the rectum are brought about by means of the vaso-motor system whose centre resides in the medulla and grey matter of the cord.

I will now give you a short description of the sympathetic ganglia. The sympathetic ganglia consist of three to five on each side in the pelvis ; the lumbar ganglia consist of five, and the thoracic ganglia of twelve on each side. These various ganglia are connected by two branches with each spinal nerve, and by their branches furnish the various plexuses in the pelvis, abdomen, and thorax. These two sets of ganglia are connected by branches in front of the coccyx and form the ganglion impar. In the neck are three ganglia named respectively superior, middle, and inferior cervical.

The sympathetic system supplies the rectum by means of the inferior hypogastric plexus, which is a continuation of the hypogastric plexus, which in its turn is formed by filaments from the aortic plexuses, the lumbar ganglia and two first sacral ganglia. The inferior hypogastric plexus in addition receives branches from the second, third, and fourth sacral nerves, and a few filaments from the sacral ganglia. This inferior hypogastric plexus supplies the rectum by giving off the inferior hœmorrhoidal plexus, whilst the superior hœmorrhoidal plexus is derived from the left side of the aortic plexus. Thus we see that the sympathetic supplying the rectum is really derived from the aortic plexus, receiving also a few branches from the second, third, and fourth sacral nerves. The aortic plexus derives its filaments from the semi-lunar ganglia, renal plexuses and some of the lumbar ganglia ; the two

semi-lunar ganglia are immediately connected with the solar plexus, and each at its upper part is connected with the two splanchnic nerves. The solar plexus gives off the gastric plexus, and joining with branches from the right pneumo gastric supplies the stomach, it gives off also the hepatic plexus, which receives branches from the left pneumogastric and right phrenic nerves, and distributes its branches in connection with the hepatic artery to the substance of the liver. The two splanchnic nerves rise from the thoracic ganglia, the greater from the sixth, seventh, eighth, ninth and tenth, and the lesser from the tenth and eleventh ; the third splanchnic nerve arises from the last ganglia, the twelfth, and terminates in the cœliac-plexus. I think, therefore, we are able to reason why dyspeptic and liver disturbances should co-exist with disease in the rectum and uterus through the sympathetic. I believe that the dyspepsia met with is atonic, caused by irritation set up in the sympathetic system leading to arterial tension, and consequently a defective supply of blood to the part. Similarly I believe the liver to be affected through this arterial tension, which accounts for the depression so often met with in persons subject to hœmorrhoidal and uterine disease.

The cardiac nerves are six in number, three on each side, named the superior, middle, and inferior ; they are derived respectively from the superior, middle, and inferior cervical ganglia. The superior cardiac plexus is made up of branches originally derived from the three cervical ganglia, and the cardiac branches of the recurrent laryngeal and pneumo-gastric nerves. It principally furnishes the inferior and posterior coronary plexuses, and gives off a few branches to the auricles of the heart. The inferior and posterior coronary plexuses, arising respectively from the superficial and deep cardiac plexuses, supply the inferior and posterior surfaces of the heart. After receiving branches from the seventh and eighth spinal nerves the inferior cervical ganglion forms a plexus around the vertebral artery and supplies branches to the sub-clavian artery. The middle cervical ganglion receives branches from the fifth and sixth spinal nerves, and amongst others gives

off branches that join cardiac branches from the recurrent laryngeal, and enter the deep cardiac plexus. The superior cervical ganglion is connected with the four upper spinal nerves, with the hypoglossal, and with both ganglia of the pneumogastric. Its superior or cranial branch divides in its course through the carotid canal in the temporal bone into an outer and inner branch, the outer forming the carotid plexus, and the inner the cavernous plexus. The carotid plexus communicates with the sixth nerve, the spheno-palatine and casserian ganglia, which sends branches to the dura mater. The cavernous plexus communicates with the third, fourth, fifth, and sixth nerves, and with the ophthalmic ganglion, whose branches are ultimately distributed to the ciliary muscle and iris.

We thus see that there is a direct unbroken line of the sympathetic nerves acting upon the vessels that supply the different parts of the body, and that when excited it is not unreasonable to suppose they may give rise to a condition of arterial tension producing anæmia of the parts they supply.

One word as to the slowing of the heart. Certain branches of the vagus nerve have the credit of inhibiting the heart's action, probably those branches that go to the superficial and deep cardiac plexuses. If so, doubtless they are responsible for the slowing of the heart's action I have so frequently noticed. Lastly, the nerves of the uterus arise from the hypogastric plexus, so that its association with the sympathetic is practically identical with that of the rectum, and accounts for the same train of nerve symptoms existing when that organ is affected by disease. The sympathetic system on each side meets below at the ganglion impar and above at the anterior communicating artery of the circle of Willis.

To summarise the object of this address, first I would impress upon you that the subjective symptoms I have so briefly and imperfectly described often co-exist with actual pain at the seat of the disease, but they are often met with when no pain is experienced, and are subjective symptoms of which the patient alone complains. So far as the rectum is concerned, when no pain is associated with these subjective symptoms, the disease

is situated well within the external sphincter muscle, the contraction of which does not develope pain, and in all cases I have seen the sphincter was so hard and contracted that the anus presented a funnel-shaped appearance. In uterine cases dysmenorrhœa more or less generally exists, and a discharge from the uterus characteristic of the case, whether it be endo-cervicitis or endo-metritis.

That these nervous phenomena are caused by the sympathetic system of nerves which act on the vaso-motor system causing a condition of arterial tension, which means a defective supply of blood to the various organs.

I would add that I consider it of paramount importance that when these vague symptoms exist we ought to inquire minutely into the condition of the uterus and rectum ; particularly is such inquiry necessary in the case of chronic dyspeptics.

I cannot but feel that many will be very sceptical of the views above enunciated. Of such I simply ask, " How do they account for convulsions in children following ascarides in the rectum ? How do they account for the pain in the shoulder and at the back of the neck, so characteristic of carious teeth ?" I might cite many other parallels, but I wish to place before the profession parallels that are recognized as of frequent occurrence, although the channels by which they occur are not appreciated. I may add that I have not hastily arrived at these conclusions ; they are the results of deductions of a large number of cases extending over a period of twenty years.

TYPICAL CASES.

J. W., a physician, aged 52, had complained for upwards of 20 years of great pain whenever the bowels were moved. After treating himself for this long period he consulted me, and although his anal pain was very great it did not trouble him anything like as much as the reflex nervous troubles that followed in the wake of his anal mischief. These nervous troubles consisted in pain down his legs, tingling sensations in his rectum, penis and thighs, a great amount of dyspepsia, and a feeling as if an iron band were tied tightly around his head. On examining his anus I found a fissure, which led up to a large oval ulcer, unusually deep, with indurated edges. I told him that I believed all his trouble was due to this rectal mischief and that I considered nothing short of an operation would cure him. He consented after long deliberation and seeking further advice. I made a clean cut through the ulcer and the external sphincter muscle in the line of fissure, and at the end of eight weeks he was perfectly cured of all his nervous symptoms and remained free from them until the day of his death, which occurred about three years ago.

Miss D., aged 42, in 1877 consulted me for pain in defæcation, but she informed me her greatest trouble consisted in her brain feeling continually muddled. Often when walking on the pavement of a country town in which she resided she experienced the sensation that it was not wide enough, and she felt ashamed to go out fearing people would put down her erratic movements to intemperance. She also had tinglings down her legs and much dyspepsia. On examining her rectum I found a capillary hœmorrhoid situated on the upper margin of the internal sphincter; it was very red and bled on the least touch. I applied the Paquelin cautery very freely and at the end of a month the wound had healed, and up to the time I last heard of her, three years since, she had had no return of her neurotic symptoms.

John March, 55, on the able side of the Bath Workhouse, was brought under my notice on his admission to the male side of the lunatic department of that institution in the autumn of 1883. His history was that for some time he had been depressed in his mind, that two days previously he had made his escape from the Workhouse and was found in one of the lanes near Monckton Combe, quite unable to give any account of himself. The head attendant informed me he had had considerable hœmorrhage from the rectum. On examination I found four large hœmorrhoids situated on the

sphincter. These were removed under ether. He made a good recovery and with it his mind regained its equilibrium, and he has remained perfectly well ever since, doing his work on the able side of the house. [In the spring of last year (1887) he again became depressed, and on examination two small irritable hœmorrhoids were noticed. These I removed, and with their removal his depression vanished.]

As an illustration of neurotic symptoms dependent upon uterine trouble I will give you the following:—Mrs. H., age 42, consulted me in 1877 for the following symptoms: headache, confusion of thought, great pain in both legs, and a feeling as if she were often going to die. I examined her heart and found it intermitted about every third beat; she was very weak. I prescribed the usual heart tonics, but my patient got no better; after a great deal of persuasion, which extended over many months, and after I had warned her friends that I should not be surprised if she died suddenly at any moment, she subjected herself to an examination, and I then found that she had the usual discharges of chronic endometritis, that the uterus was retroflexed, and that in its posterior wall was an uterine fibroid of about the size of a large filbert. I applied a Hodge's Pessary, and she was almost immediately relieved from her brain as well as her heart trouble. The heart for at least twelve months beat almost regularly. The fibroid unfortunately continued to grow, and is growing at the present time, the menopause not having occurred as yet, and with this increase of growth some of her old neurotic and inhibiting heart symptoms have reappeared, but not to the extent that prevailed before the introduction of Hodge's Pessary.

For the notes in the following case I am indebted to Mr. H. G. Terry. It is a most instructive one, and shows how reflected nerve symptoms may simulate real disease. To me the case is especially interesting, as the patient had been for some time under the joint care of Mr. Terry and myself for intense pain in the head. We both diagnosed the probability of a cerebral tumour, and examined his optic discs expecting to find optic neuritis, but we found the margins of both discs clear and well defined, the only peculiarity observable in them being that they presented the appearance of having been sprinkled with fine particles of cayenne pepper, somewhat suggestive of minute hœmorrhages. It was only after years of suffering he consulted Mr. Terry for hœmorrhoids, which the latter promptly removed, and with their removal vanished his headache.

April 12, 1887.—F. G., aged 25.—Three years' violent general headache, worse over the frontal region, where it felt like a band. Fifteen months ago he was in the Royal United Hospital for a month, and the year before that for nearly two months suffered from

supposed cerebral tumour. He has never had permanent relief until he was operated on for piles by crushing a month ago, and since then he has not had a trace of his old trouble of headache.

June, 1888.—Has never been troubled with headache since the operation, now over a year ago.

Mr. Pagan Lowe has kindly given me full notes of his case, and as it came under the notice of several of our leading surgeons, I have published it in detail, showing their diagnoses and treatment. It verifies most strongly my assertion how capable referred nerve pains are of simulating real disease.

"A gentleman, aged 35, came under my notice, in August, 1887, complaining of the following symptoms:—Pain with tenderness on pressure over the right sacro-iliac joint, pain in the right groin extending down the cord to the testicle, pain along the right sciatic nerve and on the inner side of the knee. He complained also of pain over the upper dorsal (1st, 2nd, and 3rd) and lumbar spines, and all his troubles became exaggerated on the least exertion. His symptoms dated, so he said, from February, 1882, when he was seized with pain in the right groin, sacro-iliac joint, and both knees, induced, he thought, by over exertion whilst playing the organ. The treatment then consisted of liniments, elastic thigh piece, cold douches, &c., followed by galvanism, which was continued for five weeks without result. The following August consulted Mr. Hutton, the bone-setter, who declared that his sacro-iliac joint was dislocated; he did not, however, submit to the treatment suggested for its reduction. The following year, 1883, saw Mr. Broadhurst, who diagnosed hip disease. Treatment—bed 8 weeks, Thomas's splint 2 months, crutches 5 months, 2 sticks 8 months; no alleviation of symptoms. In January, 1885, consulted Mr. Noble Smith. Diagnosis sacro-iliac disease. Treatment—spinal support. In three months all pain and irritation ceased, and he continued well till November, 1886, when all his symptoms returned. In February, 1887, consulted Sir James Paget, who declared it to be a case of neuro-mimesis. In March, Mr. Warton Hood, who advised gymnastics. In June, Mr. W. Adams, who ordered a poro-plastic jacket.

"On examination the movements of the hip joint were free and complete in all directions; there was no flexion or shortening. Over the right sacro-iliac joint was slight puffiness of the subcutaneous tissues with tenderness on pressure, but all the tests for sacro-iliac disease, *i.e.*, forcible compression of ilia, rotation of spine with pelvis fixed, and extreme flexion of the thighs on abdomen gave a negative result. Pressure over two areas, one corresponding to the 1st, 2nd, and 3rd dorsal, the other to the 2nd and 3rd lumbar spines, was excessively painful, but there was no undue promi-

nence, and flexion extension, rotation, and jarring, as induced by jumping on the heels from a chair, were unaccompanied with pain, and the knee-jerk was not exaggerated. His tongue was clean, appetite capricious, bowels irregular, defæcation occasionally painful. An examination of his rectum, which was made with great difficulty, spasm of both sphincters being present, revealed a large ulcer with indurated edges and a number of piles. This examination was followed by a good deal of pain, not only in the rectum but down both legs, right sacro-iliac joint and points in spine already referred to. I suggested to him the probability that all his symptoms were referable to his rectum and proposed operation, but asked him first to see my friend, Mr. Craddock, in whose opinion he might place every confidence. For the rest, let me say that a week later I operated upon him, dividing his ulcer and crushing his hœmorrhoids, and that following the operation all symptoms gradually disappeared, and he was able at the end of four months to return to his usual avocation."

Dr. Lionel Weatherly has kindly furnished me with the following notes of a case under his own immediate care :—

Mr. A. B., single, 43, was under my care a few years ago for hypochondriasis and melancholia. Very severe : sleeplessness, profound depression, inability to concentrate thoughts for any length of time on any subject ; would sit for hours groaning as if in the greatest misery and despair, longing for his life to be ended. Had been in this state for some few months. Supposed cause—some urethal trouble, which however had rapidly got well under treatment, but melancholia still continued. He had seen several leading London men, who had carefully examined him, more especially the rectum, from which he had suffered some slight trouble, with pain after defæcation, but nothing except a tight sphincter had been found. I did all I could for him in the way of attempting to carry out healthy occupation, &c., &c., but no great benefit ensued. After some few months I insisted upon his having his rectum again examined, believing myself this to be the seat of causation of his mental misery. He was examined under ether, and several small papilomatous tumours were found, and duly snipped off and cauterised. This operation involved considerable stretching of the sphincter. He became rapidly better, slept better, got brighter, but after a few weeks again relapsed. He was again examined, and three more small tumours found. These were duly snipped off, and he soon improved, and the last time I saw him he was very well. In fact, he became quite cured. The forcible stretching of the sphincter (contracted), as well as the removal of the tumours no doubt completed the cure ; and I feel sure that his rectal trouble acting on an unstable nervous temperament was the causation of his profound melancholia and hypochondriasis.